

Case Number:	CM15-0017963		
Date Assigned:	02/05/2015	Date of Injury:	02/13/2012
Decision Date:	04/20/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	01/30/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 51 year old male with an industrial injury dated February 13, 2012. The injured worker diagnoses include herniated nucleus pulposus, cervical spine with radiculopathy, trapezial myofascitis, stress and anxiety, and cervical stenosis and status post C5-C6 and C6-C7 anterior cervical discectomy and fusion surgery on 4/2/2014. He has been treated with diagnostic studies, radiographic imaging, prescribed medications, physical therapy and periodic follow up visits. According to the progress note dated 1/20/2015, the injured worker reported neck pain and left shoulder pain. Cervical spine exam revealed decreased active range of motion with increased neck pain during extension and left rotation. The treating physician also noted tenderness over the posterior cervical paraspinal and upper trapezius musculature with muscle spasms and myofascial trigger points. The treating physician's treatment plan consists of follow up appointment and the recommendations of agreed medical examiner.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Cervical catheter epidural steroid injection with fluoroscopy with moderate sedation C5/6, C6/7: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI
Page(s): 46-47.

Decision rationale: The 1/27/15 Utilization Review letter states the Cervical catheter epidural steroid injection with fluoroscopy with moderate sedation C5/6, C6/7 requested on the 1/21/15 medical report was denied because the patient had received previous injections but there is no documentation of the response to prior injections. The 1/21/15 medical report was not provided for review. There were 394 pages of medical records provided for this review, but no MRI reports or electrodiagnostic studies were provided. According to the 1/20/15 medical report, the patient presents with 6/10 neck pain. He is not working. He has tenderness and myofascial trigger points over the cervical paraspinals and trapezius. There is decreased sensation to light touch over the entire left thumb. The diagnoses includes: HNP cervical spine with radiculopathy; trapezial myofascitis; stress and anxiety; s/p C5/6 and C6/7 ACDF from 4/02/14. MTUS Chronic Pain Treatment Guidelines, section on "Epidural steroid injections (ESIs)" page 46 states these are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)". The MTUS Criteria for the use of Epidural steroid injections states: "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." The MTUS guidelines for epidural steroid injections require documentation of radiculopathy by physical exam and corroboration with either MRI or electrodiagnostic studies. In this case, the reports do not identify a specific dermatomal distribution of pain. The numbness in the entire left thumb could potentially be in the C6 versus median nerve distribution. There were no C7 nerve root findings (C6/7) on exam and there are no imaging studies or electrodiagnostic studies to corroborate the exam findings. The MTUS criteria for cervical epidural injections at C5/6 and C6/7 have not been met. The request for "Cervical catheter epidural steroid injection with fluoroscopy with moderate sedation C5/6, C6/7" IS NOT medically necessary.